

# The need for planning training among public health officers in Cape Verde

Paulo Ferrinho<sup>1</sup>  | Maria da Luz Lima Mendonça<sup>2</sup> | António Pedro Delgado<sup>1</sup>

<sup>1</sup>GHTM, IHMT, Universidade Nova de Lisboa, Lisbon, Portugal

<sup>2</sup>National Health Directorate, Ministry of Health, Praia, Cape Verde

## Correspondence

Paulo Ferrinho, GHTM, IHMT, Universidade Nova de Lisboa, Lisbon, Portugal.  
Email: pferrinho@ihmt.unl.pt

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## Summary

Cape Verde is a small island developing state (SIDS). The health sector is guided by strategic and programmatic documents of the Ministry of Health.

The objective of this paper is to understand the planning capacity and experience of its Public Health Officers.

A questionnaire was applied to 27 Cape Verdean public health officers in order to collect data on participation in health sector planning: 17 were returned and analyzed.

This study identifies a youthful, medically trained, but poorly differentiated, public health cadre, without the technical competences to plan the changes needed for the health sector. Planning initiatives were preceded by short technical planning training initiatives, but these did not consolidate a planning culture or contribute to a sustainable capacity to respond to the planning needs of the country. The respondents seemed at a loss to specify planning tools and techniques used in the planning exercises in which they partook. SIDS are considered vulnerable to political interference in the implementation of policy processes but that did not seem to be the case in Cape Verde. Planning was perceived as values driven, strengthening the perception that the values that drive the finality of planning are important determinants of the final plan.

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**KEYWORDS**

Africa, Cape Verde, health sector planning, planning training, public health officers

## 1 | INTRODUCTION

Planning is an important management function. It requires an aptitude to look at problems from a variety of perspectives, reacting to them accordingly. It balances the resources of the present with current needs and a long-term vision. It has to prioritize needs and weigh the responses taking into account many opposing pressures. It is possible to be a planner without being an effective manager. But it is not possible to be an effective manager if the ability is lacking to create and use logical, systematic processes to create a plan that is robust enough to achieve goals and flexible enough to accommodate the unexpected.

Creating plans helps to mobilize the most diverse stakeholders; review data, information, and knowledge; engender a highly participatory process; build consensus; generate and use communication channels. The catalyst and innovation roles of planners and the communication role of plans can be useful tools for leadership development.

As recognized by Tsofa and colleagues (2015), public sector planning is an important tool for translating Government intentions and policies into activities on the ground.<sup>1</sup>

It was for this reason that the National Director of Health of the Cape Verdean Ministry of Health convened a 6-day seminar in Maio Island during October 2017 with the Public Health Officers (*Delegados de Saúde*) of the Country Archipelago. This meeting followed Parliamentary elections in Cape Verde on 20 March 2016 when the then ruling African Party for the Independence of Cape Verde was defeated by the Movement for Democracy. The new Government won with a political program for the transformation of Cape Verdean Society. To do so, following this election, the National Health Director and many of the Public Health Officers (*Delegados de Saúde*) were replaced. These officers are important to translate the new government intentions and policies into activities on the ground. Planning is one of the functions that will enable them to do so.

### 1.1 | The Cape Verde health sector

Cape Verde meets the definition of a small island developing state (SIDS),<sup>2,3</sup> together with many island states in the Pacific<sup>4</sup> and the Caribbean.<sup>3</sup>

In Cape Verde, the health sector is guided by strategic and programmatic documents of the Ministry of Health such as the National Health Policy 2020 (PNS), the National Health Development Plans (PNDS 2007-2011 and 2012-2016), and the Strategic Plans for the Development of Human Resources for Health (PEDRHS 2005-2014 and 2016-2020).<sup>5</sup> These documents build on a wealth of experience in Africa with health sector planning.<sup>6-8</sup>

According to the PNS,<sup>9</sup> the SNS is structured in three levels - primary, secondary and tertiary.

In the management structure of the Cape Verdean NHS, the primary level corresponds to the Public Health Offices (*Delegacias de Saúde*), under the responsibility of Public Health Officers (*Delegados de Saúde*). There are 17 Public Health Offices in the country with responsibility for the management of the health centers, health posts, and basic health units). The primary level has as reference institution the Health Center (HC), based on municipal catchment areas and, if necessary, more than one CS may exist per municipality depending on the size of the population to serve. HC are considered the gateway to the NHS, ensuring the transfer to more complex levels of care for the cases that exceed their clinical capacity. Many of these situations are being solved using telemedicine that is progressing rapidly.<sup>10-12</sup>

The second level management is guaranteed by the Health Regions (HR) with three Regional Hospitals (RH) (The Hospital of Sal does not as yet have the status of RH). HR are the adaptation of the WHO Health District<sup>6</sup> to the Cape Verde context.<sup>13</sup> HR can adopt several architectures: (1) serve the population of the municipalities of an

island, in the case of Santo Antão and S. Vicente; (2) cover two or more islands, as in Fogo and Brava, and as it will be for the future HR of South Santiago (at the moment coverage for secondary care is provided by Praia's CH), that will also include the island of Maio and the solution that unveils for the islands of Sal, Boavista, and S Nicolau to form the East HR; and (3) part of an island as it happens with North Santiago. HR have technical and administrative autonomy.<sup>14</sup>

The two Central Hospitals (CH) are the reference institution for the tertiary level and have, theoretically, the vocation to provide this care to the entire population of the country. However, they also provide secondary care and some primary care, especially to the population of Praia and Mindelo, where they are located (up to 70% of CH patients could have been treated in HC). In this context, CH remain, in practice, the level of first contact of the NHS and not the last resource reference level, as long defined by policy and strategy.<sup>15</sup>

The objective of this paper is to understand the planning capacity and experience of the Public Health Officers of Cape Verde.

## 2 | POPULATION AND METHODS

The 2017 Maio seminar program mentioned above included sessions on health sector planning. These sessions were preceded by the application of a self-answering questionnaire to all 23 Cape Verdean participants present at the time.

The questionnaire collected data on age, sex, undergraduate training, postgraduate training (including training in planning) and previous participation in health sector planning activities and characteristics of those activities.

The data were entered into an Excel sheet and analyzed with descriptive statistics using IBM SPSS Statistics Version 23.

## 3 | RESULTS

Of the 23 questionnaires distributed, 17 (74%) were returned, completed by 10 (59%) of the 17 *Delegados de Saúde*, four HC coordinators, two national program managers, and one HR Director.

All respondents were medical doctors (12 graduating since 2001 and 6 since 2011), trained in six countries (Algeria 1, Russia 1, Portugal 2, Brazil 3, China 3 and Cuba 6, no information for 1), 11 females and 5 males (1 unknown), mostly young (71% below 40 years of age).

Seven of the 10 *Delegados de Saúde* and all four HC coordinators, program managers, and HR Director had been nominated since 2016.

Only three of the doctors had received specialist training (clinical pathology in Portugal, public health in Cape Verde, and family and community medicine in Cuba).

Six considered that they had received training in health sector planning (one *Delegado de Saúde* as part of her public health specialist training in Praia (2011); as part of the local follow-up of the Harvard Ministerial Leadership Program—<https://ministerialleadership.harvard.edu/>—two *Delegados de Saúde* wrote an action plan as part of the local implementation of this Harvard Planning Model; and two HC coordinators as part of joint training in planning with municipal councils in Sal (2017). They felt that these training opportunities increased their competence in planning. All except one HC coordinator felt that they needed more training in planning (no information for 2).

Eleven had participated into planning activities in the 5 years before the survey date (only 5 of the 10 *Delegados de Saúde*). All in the public sector: 1 at national level, 1 at regional level, all the others at the primary care level.

The main objectives of the planning exercises in which they had participated previously were to define priorities, identify priority interventions, identify and mobilize financial resources (91%); identify and mobilize human resources (82%); clarify strategies (55%); integrate directives from the West African Health Organization (45%); contribute to health in all policies, identify and mobilize technological resources (36%); detail health care networks, specify reference and counter-reference channels, mobilize national partnerships (27%); mobilize international partnerships (18%); and accommodate political pressures (9%).

These previous planning experiences were considered values driven. The most relevant guiding values were efficiency (82%); equity, accountability (73%); public interest (64%); sustainability (55%); solidarity, cost-efficacy (36%); profitability, participatory process, transparency (27%); evidence based (18%); and competitiveness, professional autonomy (9%). Just over half (55%) felt that the planning was guided by national and health region needs; none felt it was responding to international needs/demands. After the planning exercise, the resulting plan was considered to meet the guiding values to a variable extent, namely, accountability (82%); participatory process, equity (73%); sustainability (64%); public interest, efficiency (55%); professional autonomy (45%); profitability, cost-effectiveness (36%); competitiveness, transparency (27%); solidarity, evidence based (18%); solicitude (9%).

Only 45% felt that the resulting plans were realistic and achievable.

Planning was not infrequently supported by international consultants (45%) (Portuguese or Brazilians) (their involvement was not always well received as they did not comment on the final draft of the plan and were not committed with the implementation of the plans) and was participatory (100%) (no information for 1). Plans were not the basis for budgeting, but rather the tools to operationalize budgets attributed centrally to the different levels of care. The most commonly perceived constraint (36%) was the lack of data.

## 4 | DISCUSSION AND CONCLUSIONS

In order to implement its policies to transform the health sector, the Government emerging from the 2016 national elections renewed the management cadres of the Cape Verdean NHS.

This study identifies a youthful, medically trained, but poorly differentiated, public health cadre, without the technical competences to plan the changes needed for the health sector. The lack of planning competence has long been observed in other countries,<sup>1,16,17</sup> and planning initiatives are frequently preceded by short technical planning training initiatives<sup>1</sup> as done in Cape Verde in 2016 and 2017 in Praia, Sal, and Maio. These ad hoc initiatives do not consolidate a planning culture and are unlikely to contribute to a sustainable capacity to respond to the planning needs of the country. This is particularly true in contexts, such as in Cape Verde, where planning as a function is not clearly institutionalized. Not surprisingly, the respondents seemed at a loss to specify planning tools and techniques used in the planning exercises in which they partook in the previous 5 years.

Small island developing states are considered vulnerable to political interference in the implementation of policy processes.<sup>3</sup> That does not seem to be the case in Cape Verde where only one respondent (9%) felt that the planning processes had to “accommodate political pressures” reflecting a laudable technical independence of the health planners.

Our data also seem to confirm that the role of external consultants was not as useful as expected. Hence, supporting the literature that defined the use of consultants as: “an instrument for politicians to break out of their impotency vis-vis the public service, and a device for the public service to delay changes and yet give appearance that things were happening.”<sup>3</sup>

The observation that plans were not the basis for budgeting, but rather the tools to operationalize budgets attributed centrally to the different levels of care, meets the recommendation that planning “should always be undertaken with consideration to the amount of resources available”<sup>1,18</sup>). This also reflects the reality of institutionalized separation of planning and budgeting processes, common to many countries.<sup>1</sup>

Appropriately, planning was perceived as values driven. Those with previous planning experiences identified the most relevant guiding values as: efficiency (82%); equity, accountability (73%); public interest (64%); and sustainability (55%), and reflected that, after going through the planning exercise, the resulting plan met, to large extent, these guiding values, namely: accountability (82%); participatory process, equity (73%); sustainability (64%); public interest, efficiency (55%). This is aligned with the perception that the values that drive the finality of planning are important determinants of the final plan.<sup>18,19</sup>

## ORCID

Paulo Ferrinho  <http://orcid.org/0000-0002-3722-0803>

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